

| <b>Electronic Patent Application Fee Transmittal</b>    |   |          |        |                      |
|---|---|----------|--------|----------------------|
| <b>Application Number:</b>                              | 10582422  |          |        |                      |
| <b>Filing Date:</b>                                     | 09-Jun-2006   |          |        |                      |
| <b>Title of Invention:</b>                              | Catheter-based mid-infrared reflectance and reflectance generated absorption spectroscopy |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | Hoi-Ying N. Holman  |          |        |                      |
| <b>Filer:</b>   | James R. Crawford   |          |        |                      |
| <b>Attorney Docket Number:</b>                          | LBNL-238 (IB-1867-US)   |          |        |                      |
| Filed as Small Entity                                   |   |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |          |        |                      |
| Description   | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |   |          |        |                      |
| <b>Pages:</b>   |   |          |        |                      |
| <b>Claims:</b>  |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |   |          |        |                      |
| <b>Petition:</b>  |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |   |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>                |   |          |        |                      |
| <b>Extension-of-Time:</b>                               |   |          |        |                      |
| Extension - 3 months with \$55 paid                     | 2253  | 1        | 500    | 500                  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>905</b>           |